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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/713,244
	Filing Date	November 13, 2003
	First Named Inventor	LYE, Whye-Kai et al.
	Title	Medical Devices Having Porous Layers and Methods for Making Same
	Art Unit	3738
	Examiner Name	ISABELLA, David
	Attorney Docket Number	P31015 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>David P. Ruschke</i>	Date	January 16, 2009
Name	David P. Ruschke	Telephone	+1 (707) 566-1746
Title and Company	Chief Patent Counsel, Medtronic Cardiovascular, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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